

## COVID-19 Vaccination Religious Exemption Request Form

Please complete this form and submit it to Chief of Operations and Finance, Michael Memmolo. Completion of this form will serve as your request to be exempt from the Requirement for COVID-19 Vaccination for the Office of the Comptroller employees established by Executive Order 595. This information and any documentation provided in support of this request will be treated confidentially and kept separate from your personnel file.

The Chief of Operations and Finance will engage in an interactive process with you to determine whether you are eligible for an exemption/accommodation and if so, will determine what reasonable accommodation can be provided that will enable you to perform the essential functions of your position. A request for accommodation will not be granted if it is unreasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to you, the employee, or if it creates an undue hardship.

<b>First Name:</b>	<b>Last Name:</b>
<b>Employee ID:</b>	<b>Job Title:</b>
<b>Team/Unit:</b>	<b>Manager</b>
<b>Email:</b>	<b>Phone:</b>

To obtain a **RELIGIOUS EXEMPTION**, please describe the religious principles that guide your objection to immunization. Indicate how your sincerely held religious belief conflicts with the COVID-19 vaccine mandate. Documentation may be required to support the request.

**Please describe the accommodation you are seeking.**

**Please provide any additional information you believe may be of assistance while we review your request for a RELIGIOUS EXEMPTION from the COVID-19 Vaccination requirement.**

In some cases, the MCAD will need to obtain additional information and/or documentation about your religious practices or beliefs and may need to discuss the nature of your religious beliefs, practices, or accommodation with your religious spiritual leader (if applicable) or religious scholars to address your request for an exemption. **If requested, can you provide documentation to support your beliefs and need for an accommodation?**

Yes ☐ No ☐

**If no, please explain why below:**

### Employee Certification

I understand that the MCAD requires employees to be fully vaccinated for COVID-19. I certify that I have a religious belief that I believe necessitates an exemption from this vaccination requirement.

I certify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary actions, up to and including termination.

I also understand that my request for accommodation will not be granted if it is unreasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### TO BE COMPLETED BY THE CHIEF OF OPERATIONS AND FINANCE

Date this request was received:

#### Description of Interactive Process (if applicable)

Include dates of meetings and/or conversations, documentation received, as well as any accommodations offered and whether they were accepted or rejected.

Exemption/Accommodation Granted? Yes ☐ No ☐

If granted, describe the accommodation, including any alternative safety precautions required:

If an exemption is not granted, explain why:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date